

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031863

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	
Length of stay in 1b <u>42 yrs.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>518 W. Front St.</u>	
HOSPITAL INSTITUTION Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Eleanor M. Meyer</u>		4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/20/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>
13a. FATHER'S NAME <u>George W. Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Peta</u>	14. NAME OF HUSBAND OR WIFE <u>Christian B. Meyer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Christian B. Meyer</u>		Address <u>518 W. Front St. Washington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for part I, part II, and part III.)			
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Arteriosclerosis C-V disease</u>			
DUE TO (c) <u>old age.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:15 P.</u> a.m. <u>10:15 P.</u> p.m. <u>10:15 P.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	STATE
21. I attended the deceased from <u>8-19-63</u> to <u>8-29-63</u> and last saw her alive on <u>8-29-63</u> Death occurred at <u>10:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. B. [redacted]</u>		22b. ADDRESS <u>Washington, Mo.</u>	22c. DATE SIGNED <u>30 Aug 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept 1, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Fellows Cemetery</u>	23d. LOCATION (city, town, or county) (State) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR <u>Frederick Ditt, Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>8/30/63</u>	26. REGISTRAR'S SIGNATURE <u>Lula P. [redacted]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

DATE AMENDED

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SEP 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Klapstick

Licensed Embalmer No.

4310

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.